



Claim Number
_____ _____ _____

To be filled in by the victim or by his or her agent			
Victim's last name		Victim's Social Insurance Number	
First name		Date of accident	Year    Month    Day
Address Number	Street	Apartment	Postal code
P.O. Box	Municipality	Province	Country

To be filled in by the employer			
Name or business name			
Address (number, street or P.O. Box)			
Municipality	Province	Country	Postal code

<b>NOTE:</b> By "guaranteed employment" the Société means the position that the victim would have held if the accident had not occurred.	Planned start of employment:	Year    Month    Day	Date the person applied for employment:	Year    Month    Day
	Projected end of employment: (if applicable)	Year    Month    Day	Date hiring was confirmed:	Year    Month    Day

**Type of employment:**     Full time     Part time  
 Temporary     Other, specify: \_\_\_\_\_

Number of hours worked weekly: \_\_\_\_\_ h    Similar full-time employee's regular work week: \_\_\_\_\_ h

Title of position: \_\_\_\_\_

Tasks that would have been done by the victim:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Gross income \$ \_\_\_\_\_  
 hourly     daily     weekly  
 yearly     other, specify: \_\_\_\_\_

Other remuneration on a regular basis that will not be paid by reason of the accident	Annual Amount
Regular overtime	_____
Allowance for isolated area, night work or other	_____
Tips	_____
Commissions	_____
Bonuses	_____
Profit-sharing	_____
Dividends for work done	_____
Values of the personal use of lodging or an automobile supplied by the employer	_____
Allowance for the use of equipment or clothing	_____
<b>TOTAL</b>	<b>\$</b> _____

I certify that the above information is true and complete.			
Signature of the employer or authorized representative		Position	
Signature of personnel manager		Year    Month    Day	Telephone

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:** Through the Document Submission online service: [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca)  
 By fax: 1 866 289-7952  
 By mail: Société de l'assurance automobile du Québec  
 Case postale 2500, succursale Terminus  
 Québec (Québec) G1K 8A2  
**Keep the original or a copy for your files.**

**DO NOT WRITE HERE**